## NORTH DAKOTA BOARD OF CLINICAL LABORATORY PRACTICE CONTINUING EDUCATION VERIFICATION RECORD (July 1, 2022 to July 1, 2024)

\*Signed certificates of completion for each program or copy of your institutional record for internal programs must accompany this form or it will be returned and your renewal of license will not be processed!

Name	License Number			
Program Title	Date	Provider	Contact Hours	
I affirm I have attended the above continuing education	programs and t	hat this is an accurate record o	f my continuing education activities.	
Licensee's Signature	Ε	Date		
Supervisor's Signature	r's Signature Date			

\*If you do not have a certificate of completion or institutional record for any of the internal programs listed, you must have your supervisor sign above attesting that you completed the internal program(s).

NDBCLP PO Box 4103 Bismarck, ND 58502-4103